

PROCEEDINGS OF THE TRICENTENARY CONGRESS 1981. Edited by R Passmore. (Pp xvi + 416. £9.50). Edinburgh: Royal College of Physicians, 1982.

THIS elegant volume records the meetings, social and professional, which celebrated the three hundredth anniversary of the Founding of the College in 1681. Great oaks from little acorns grow. The Founding Fellows can hardly have foreseen that the College influence would extend in the 18th century to North America, and in the 19th and 20th to Africa and Asia. Nevertheless its main function is domestic and Scottish, and Scotland is fortunate in this national institution. Representatives of Colleges and academies of medicine from every continent came to congratulate the Scottish College on its tricentenary. It is regrettable that the Ulster Medical Society was not represented, though Ulster Fellows of the College contributed papers.

The technical reviews pay due attention to genetics and immunology, to clinical toxicology and the use of blood and blood products. The occasional reader will find more of interest in the fascinating article on Louis Pasteur, the papers on Edinburgh's influence on medicine in the American colonies, and the account by Antonia Fraser (what is it doing here?) of the illegitimate children of Charles the Second. Doctor McHarg returns to the question¹ of the date and place of the reception of Hugh Montgomery of Newtownards by King Charles the First. It seems questionable if young Montgomery, on his travels in Europe, could have been sent, and have received, a summons to return to Ulster, and *have* returned, between the 23rd October and the 31st December 1641. At that time the new year in England began on the 25th March (though in Scotland on the 1st January). If the Montgomery manuscripts were following the English custom, Hugh Montgomery may not have arrived home until January, February or early March. The place of the interview remains obscure. Doctor McHarg suggests Edinburgh, but William Montgomery's account as printed says Oxford. William Harvey seems to say London. If William Montgomery's original manuscript is available, it should be scrutinised to see if Oxford is what he wrote.

It is worth reprinting Pasteur's words "Depuis des siècles, l'Ecosse a uni ses destinées a celles de l'intelligence humaine. Une des premières parmi les nations, elle a compris que l'esprit mène le monde."

¹ Logan JS. A Follow-up of a Case of Doctor Harvey's. *Ulster Med J* 1966; 35: 22-26.

JSL

PROSTACYCLIN IN HEALTH AND DISEASE. By John R Vane. (Pp 37. £2.00). Edinburgh: Royal College of Physicians, 1982.

ALTHOUGH there has been intense study of prostaglandins during the past 10-15 years, these agents have been of only limited value in the treatment of disease. One of the latest of these substances is prostacyclin which is synthesised in the walls of blood vessels and 'in vitro' relaxes most vascular strips and 'in vivo' is a vasodilator that reduces arterial pressure. Prostacyclin has recently become available for the treatment of patients and results of clinical trials should appear soon.

This short review of the properties of prostacycline and its possible therapeutic uses will be of considerable value to everyone by providing a clear but detailed background of its pharmacology. John Vane was recently awarded the Nobel Prize in medicine for his outstanding work on prostaglandins.

RGS

PROBLEMS IN OPHTHALMOLOGY. By Michael Glasspool. (Pp 141, Illustrated. £7.95). Lancaster: MTP Press, 1982.

THIS book is one of a series designed to help general practitioners. The book is short and has two chapters devoted to history taking and examination of ophthalmic patients. The remaining chapters describe common ophthalmic disorders and one chapter is devoted to basic ocular pharmacology. Many of the ocular conditions are illustrated by a series of coloured pictures which are of a high standard.

I disagree with the author that vitreous haemorrhage may be a presenting sign of hypertension and that chloramphenicol ointment is indicated to prevent secondary infection of dendritic corneal ulceration. The section on treatment of ocular toxoplasmosis mentions systemic steroids and sulphadiazine but overlooks pyrimethamine which is widely used when vision is threatened by chorioretinitis.

The book is attractively presented and is recommended as an aid to diagnosis in the family doctor's surgery.

DBA